

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. _____		FILING DATE _____		
						APPLICANT(S) _____				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
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2							52			
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46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	4									
TOTAL DEP.	6	↓								
TOTAL CLAIMS	10									